PTO/SB/22 (12-04)
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|                                                                                                                                                                                           | FOR EVIENCIAN OF TIME UNDER A                                                      | 7.CED 4.62C/-\                 | Docket Number (Option                     | Desket Number (Ontinue)         |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------|---------------------------------|--|--|--|--|--|--|
| MEIIION                                                                                                                                                                                   | FOR EXTENSION OF TIME UNDER 3                                                      | , , ,                          |                                           |                                 |  |  |  |  |  |  |
| (Fees                                                                                                                                                                                     | FY 2005 pursuant to the Consolidated Appropriations Act, 2:                        | A202 1310                      |                                           |                                 |  |  |  |  |  |  |
| Application                                                                                                                                                                               | Number 09/900,442                                                                  | Filed 07/06/2001               |                                           |                                 |  |  |  |  |  |  |
|                                                                                                                                                                                           | table Door with Sealed Threshold, Hinge and                                        | Frame                          |                                           |                                 |  |  |  |  |  |  |
| Art Unit 30                                                                                                                                                                               | 634                                                                                | Examiner Strimbu, Greogry J.   |                                           |                                 |  |  |  |  |  |  |
| This is a recapplication.                                                                                                                                                                 | quest under the provisions of 37 CFR 1.136(                                        | (a) to extend the perio        | od for filing a reply in the              | e above identified              |  |  |  |  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                           |                                                                                    |                                |                                           |                                 |  |  |  |  |  |  |
|                                                                                                                                                                                           |                                                                                    | <u>Fee</u>                     | Small Entity Fee                          | <u>e</u>                        |  |  |  |  |  |  |
| X                                                                                                                                                                                         | One month (37 CFR 1.17(a)(1))                                                      | \$120                          | \$60                                      | § <b>\$120.00</b>               |  |  |  |  |  |  |
|                                                                                                                                                                                           | Two months (37 CFR 1.17(a)(2))                                                     | \$450                          | \$225                                     | \$                              |  |  |  |  |  |  |
|                                                                                                                                                                                           | Three months (37 CFR 1.17(a)(3))                                                   | \$1020                         | \$510                                     | \$                              |  |  |  |  |  |  |
|                                                                                                                                                                                           | Four months (37 CFR 1.17(a)(4))                                                    | \$1590                         | \$795                                     | \$                              |  |  |  |  |  |  |
|                                                                                                                                                                                           | Five months (37 CFR 1.17(a)(5))                                                    | \$2160                         | \$1080                                    | . \$                            |  |  |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                    |                                                                                    |                                |                                           |                                 |  |  |  |  |  |  |
| A check in the amount of the fee is enclosed.                                                                                                                                             |                                                                                    |                                |                                           |                                 |  |  |  |  |  |  |
| Payment by credit card. Form PTO-2038 is attached.                                                                                                                                        |                                                                                    |                                |                                           |                                 |  |  |  |  |  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                         |                                                                                    |                                |                                           |                                 |  |  |  |  |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 09-0528  I have enclosed a duplicate copy of this sheet. |                                                                                    |                                |                                           |                                 |  |  |  |  |  |  |
| WARNII                                                                                                                                                                                    | NG: Information on this form may become put                                        |                                | ation should not be incli                 | uded on this form.              |  |  |  |  |  |  |
| Provide                                                                                                                                                                                   | credit card information and authorization on                                       |                                | /17/2006 BABRAHA1 00000022 090528 0930044 |                                 |  |  |  |  |  |  |
| I am the                                                                                                                                                                                  | applicant/inventor.                                                                | •                              | FC:1251 120.0                             |                                 |  |  |  |  |  |  |
|                                                                                                                                                                                           | assignee of record of the entire                                                   |                                |                                           |                                 |  |  |  |  |  |  |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).                                                                                                                              |                                                                                    |                                |                                           |                                 |  |  |  |  |  |  |
| attorney or agent of record. Registration Number 46,426                                                                                                                                   |                                                                                    |                                |                                           |                                 |  |  |  |  |  |  |
|                                                                                                                                                                                           | attorney or agent under 37 CFR Registration number if acting under                 |                                |                                           | ,                               |  |  |  |  |  |  |
|                                                                                                                                                                                           | Kat County                                                                         |                                | 3/1                                       | 3/06                            |  |  |  |  |  |  |
| <del>.</del>                                                                                                                                                                              | Signature                                                                          |                                |                                           | Date                            |  |  |  |  |  |  |
|                                                                                                                                                                                           | Keats A. Quinalty                                                                  | ı                              | (404) 879-2423                            |                                 |  |  |  |  |  |  |
|                                                                                                                                                                                           | Typed or printed name                                                              |                                | Telephone Number                          |                                 |  |  |  |  |  |  |
|                                                                                                                                                                                           | res of all the inventors or assignees of record of the enti-<br>juired, see below. | re interest or their represent | ative(s) are required. Submit             | multiple forms if more than one |  |  |  |  |  |  |
| X Total                                                                                                                                                                                   | 4                                                                                  | submitted.                     |                                           |                                 |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (01-06)

Date

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| Under the Paperwork Reduction                                                                                                                                                                                      | III ACLUL 1993    | no persons are req                  | uneu to re           | sporto to a conectio  | TOT THIOT           | nation unless     | it displays t        | Valid Civils Control Harrison       |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------|----------------------|-----------------------|---------------------|-------------------|----------------------|-------------------------------------|--|--|--|--|
| RADEMA                                                                                                                                                                                                             | Complete if Known |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| Fees pursuant to the Consolida                                                                                                                                                                                     |                   | Application Number 09/900           |                      |                       | ,442                |                   |                      |                                     |  |  |  |  |
| FEE TR                                                                                                                                                                                                             | Filing Date       |                                     | 07/06/2001           |                       |                     |                   |                      |                                     |  |  |  |  |
| For                                                                                                                                                                                                                | First Named Inv   | entor/                              | Joseph G. Reithmeyer |                       |                     |                   |                      |                                     |  |  |  |  |
| Analisant stains arrall                                                                                                                                                                                            | Examiner Name     | е                                   | Strimbu              | ı, Grege              | ory J.              |                   |                      |                                     |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27                                                                                                                                                              |                   |                                     | Art Unit 3634        |                       |                     |                   |                      |                                     |  |  |  |  |
| TOTAL AMOUNT OF PAYM                                                                                                                                                                                               | /IENT (\$)        | 120.00                              | )                    | Attorney Docke        | t No.               | A202 1310         |                      |                                     |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)                                                                                                                                                                           |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| Check Credit Card Money Order None Other (please identify):                                                                                                                                                        |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle Sandridge & Rice, PLLC                                                                                                        |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                                                                                             |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee                                                                                                                             |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| Charge any additional fee(s) or underpayments of fee(s)                                                                                                                                                            |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.       |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)                                                                                                                         |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| 1. BASIC FILING, SEAR                                                                                                                                                                                              |                   |                                     |                      |                       |                     | _                 |                      |                                     |  |  |  |  |
| , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                            | FILING F          | FEES                                |                      | CH FEES               | EXAN                | MOITANIN          |                      |                                     |  |  |  |  |
| Application Type                                                                                                                                                                                                   | Fee (\$)          | mall Entity<br>Fee (\$)             | Fee (\$              | Small Entity Fee (\$) | <u>Fee</u>          | Small<br>(\$) Fee |                      | Fees Paid (\$)                      |  |  |  |  |
| Utility                                                                                                                                                                                                            | 300               | 150                                 | 500                  | 250                   | 200                 | 100               | 0                    |                                     |  |  |  |  |
| Design                                                                                                                                                                                                             | 200               | 100                                 | 100                  | 50                    | 130                 | ) 6:              | 5                    |                                     |  |  |  |  |
| Plant                                                                                                                                                                                                              | 200               | 100                                 | 300                  | 150                   | 160                 | ) 80              | 0                    |                                     |  |  |  |  |
| Reissue                                                                                                                                                                                                            | 300               | 150                                 | 500                  | 250                   | 600                 | 300               | 0                    |                                     |  |  |  |  |
| Provisional                                                                                                                                                                                                        | 200               | 100                                 | 0                    | 0                     | (                   | ) (               | O                    |                                     |  |  |  |  |
| 2. EXCESS CLAIM FEE                                                                                                                                                                                                | s                 |                                     |                      |                       |                     | -                 |                      | Small Entity                        |  |  |  |  |
| Fee Description Each claim over 20 (in                                                                                                                                                                             | naludina D        | oicenae)                            |                      |                       |                     | <u>F</u>          | <u>ee (\$)</u><br>50 | <u>Fee (\$)</u><br>25               |  |  |  |  |
| Each independent claim                                                                                                                                                                                             | im over 3 (       | eissues <i>)</i><br>including Reiss | ues)                 |                       |                     |                   | 200                  | 100                                 |  |  |  |  |
| Multiple dependent cl                                                                                                                                                                                              |                   |                                     | ,                    |                       |                     |                   | 360                  | 180                                 |  |  |  |  |
| Total Claims                                                                                                                                                                                                       | Extra Clain       | <u>rs Fee (\$)</u>                  | Fee                  | e Paid (\$)           |                     |                   |                      | endent Claims                       |  |  |  |  |
| - 20 or HP = HP = highest number of total                                                                                                                                                                          | claims paid fo    | x if greater than 20                | _=                   | 50                    |                     | <u> </u>          | ee (\$)              | Fee Paid (\$)                       |  |  |  |  |
| Indep. Claims                                                                                                                                                                                                      | Extra Clain       | ns Fee (\$)                         | Fee                  | Paid (\$)             |                     |                   |                      |                                     |  |  |  |  |
| - 3 or HP = HP = highest number of indep                                                                                                                                                                           | endent claims     | X<br>paid for, if greater t         | _ <b>=</b><br>han 3. |                       |                     |                   |                      | -                                   |  |  |  |  |
| HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| If the specification and listings under 37 CF                                                                                                                                                                      | drawings e        | exceed 100 shee                     | ts of pa             | per (excluding o      | electron            | ncally file       | a sequence           | ce or computer                      |  |  |  |  |
| sheets or fraction th                                                                                                                                                                                              | ereof See         | 35 U.S.C. 41(a                      | 1 5126 16<br>1(1)(G) | and 37 CFR 1.         | \$123 10.<br>16(s). | i Siliali Cii     | iity) ioi c          | ach additional 50                   |  |  |  |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x =              |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                   |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| Other (e.g., late filing surcharge): one month extension fee \$120.00                                                                                                                                              |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| SUBMITTED BY                                                                                                                                                                                                       |                   |                                     |                      |                       |                     |                   |                      |                                     |  |  |  |  |
| Signature                                                                                                                                                                                                          | f ()              |                                     |                      | Registration No.      | 46,42               | 26                | Telephone            | 404-879-2423                        |  |  |  |  |
|                                                                                                                                                                                                                    | a 7776            | 100-7 N                             | - 1                  | (Attorney/Agent)      | 70,72               | . · ·             |                      | , , , , , , , , , , , , , , , , , , |  |  |  |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Name (Print/Type)

Keats A. Quinal